2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100002670

1. Entity Name



rillu							
Apr 29, 2003 8:00	am						
Secretary of Stat							

DII DD

04-29-2003 90032 037 ****50.00

OLD TOWNE PROPERTIES II, LLC						}			
Principal Place of Business N		Mailing Address			1				
305 ORANGE ST. OZONA FL 34680		305 ORANGE ST. OZONA FL 34660							
2. Principal Place of Business 3.			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State		4. FEI Number	59-3701727		oplied For ot Applicable	
Zíp		Country	Zip	Cour	ntry	5. Certificate of	Status Desired [\$5.00 Add Fee Require	
	6. Name	and Address of Curre	nt Registered Agent			7. Name and A	ddress of New Regis	tered Agent	
CILE	DEDT DETC	م پاسستان دو. نو	لينين المراكب المحار		Name	-		به به خو	
GILBERT, BETSY 305 ORANGE ST. OZONA FL 34660				Street Address (I	P.O. Box Number i	s Not Acceptable)			
, , ,									
	·				City			FL Zip Cod	
the obligati	ions of regist	ernd agent.	t for the purpose of changing	its register	red office or register	ed agent, or both,	in the State of Florida.	. I am familiar with,	and accept
SIGNATURE .	Signature, type.	pad name agisterou ag	ent and title if applicable. (N	IOTE: Register	ed Agent signature required	when reinstating)		DATE	 _
			Make Check Paya	able to F	FEE IS \$50.00 lorida Departmei lay 1, 2003	nt of State			
9.	,	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/CHA	ANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEFERRA 305 ORA OZONA F		Delete		ſ			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS		, —,	Delete	1	AE EET ADDRESS		· · · · · · · · · · · · · · · · · · ·	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL NAM STR				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Delete	TITL NAM STR	E			Change	Addition
TITLE NAME			☐ Delete	TITL	t t			Change	Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

R, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #